

Commonwealth of Kentucky **SOLICITATION MODIFICATION**

		Adden	ua: 165 Auc	uenua #: 2	
TITLE: Medicaid	Managed Care Organization (MCC	O) - All Regions			
Date Issued: 1/27/20 Record Date: 2020-01-27		Solicitation Closes Date: 2/7/20 Time: 15:30		Solicitation No RFP 758	2000000202
Online Bidding Prohibited: Yes					
For Information Call: Amy Monroe 502-564-4510			Bid Receiving Location: Finance - Office of Procurement Services Bid Clerk 702 Capitol Ave, Capitol Annex Room 095 Frankfort KY 40601		
Vendor Customer Number:					
Vendor Name:	UnitedHealthcare of Kentucky, Ltd.				
Phone Number:	502-318-0120				
Fax Number:	859-825-6173				
Email Address: amy_johnston-little@uhc.com					
Ordering			Payment		
Address:	9100 Shelbyville Ro	ad	Address:	9100 S	helbyville Road
City, State, Zip:	Louisville, KY 4022	2	City, State, Zip:	Louisv	rille, KY 40222
Contact Name:	Amy Johnston Little		Contact Name:	Amy J	ohnston Little
Contact Email:	amy_johnston-little@	@uhc.com	Contact Email:	amy_j	ohnston-little@uhc.com
Contact Phone Number: 502-318-0120			Contact Phone Nur	mber: 502-31	8-0120
Ownership Type					
Sale Proprietorship V Partnership Corporation Other					

SIGNATURE OF AUTHORIZED AGENT IS REQUIRED UNLESS RESPONSE IS SUBMITTED ELECTRONICALLY. FAILURE TO SIGN SHALL RENDER THE BID INVALID.

Signature X

FEIN#KRS 61.878(1)(a) Date //28/20

All offers subject to all terms and conditions contained in this solicitation.